

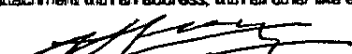


FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # K39548 1. Entity Name SAUVAGE INT'L, INC.				Jul 10, 2006 08:00 Secretary of State	
Principal Place of Business 701 SW 100 AVE PEMBROKE PINES, FL 33025 US		Mailing Address 701 SW 100 AVE PEMBROKE PINES, FL 33025 US			
DO NOT WRITE IN THIS SPACE				07052006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0077977	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, SHAOL 701 S.W. 100TH AVE. PEMBROKE PINES, FL 33025				DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) _____ DATE _____					
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P LEVY, SHAOL 701 SW 100TH AVE PEMBROKE PINE, FL 33025			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TS SALSTEIN, GLORIA 7781 TRENT DRIVE "F" TAMARAC, FL 33321			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SHAOL LEVY		7/5/05		(954) 437-8501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	